

# Doncaster Same Day Health Centre

## Quality Report

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Date of inspection visit: 20 June 2017

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Doncaster Same Day Health Centre on 20 June 2017. Overall the service is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for recording, reporting and learning from significant events.
- Risks to patients were assessed and well managed.
- Patients' care needs were assessed and delivered in a timely way according to need.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was a system in place that enabled staff access to patient records, and the same day health centre staff provided other services. For example the local GP and hospital, with information following contact with patients.
- The service managed patients' care and treatment in a timely way.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The service worked proactively with other organisations and providers to develop services that supported alternatives to hospital admission where appropriate and improved the patient experience.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review calibration processes to include all the equipment used by the service provider for providing care or treatment to a service user.

# Summary of findings

- Improve accuracy of the recording of emergency and urgent appointments and ensure that these patients are prioritised.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The service is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was an effective system in place for recording, reporting and learning from significant events.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients were informed in keeping with the duty of candour. They were given an explanation based on facts, an apology if appropriate and, wherever possible, a summary of learning from the event in the preferred method of communication by the patient. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded system and processes in place to keep patients safe and safeguarded from abuse.
- If patient's did not attend for their appointment, left before being seen or could not be contacted by the emergency care practitioners, there were processes in place to follow up patients whose circumstances may make them vulnerable.
- There were systems in place to support staff undertaking home visits.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Risks to patients were assessed and well managed.

### Are services effective?

The service is rated as good for providing effective services.

Good



- The service performance outcomes were shared with the clinical commissioning group to ensure patient needs were met in a timely way.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff were all offered the opportunity to attend supervision sessions with their supervisor every six to eight weeks. It provided the opportunity to discuss scenarios or de-brief following an event and to explore how it could be handled in the future. The sessions were described as 'very supportive' and 'enabled' staff to reflect on their practice and make suggestions for improvements.
- Clinicians provided urgent care based on current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The service is rated as good for providing caring services.

Good



- Feedback from the large majority of patients through our comment cards and collected by the provider was very positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients were kept informed with regard to their care and treatment throughout their visit to the same day health centre. Emergency care practitioners contacted patients and or their carers within the allocated time frames.

## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- Service staff reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service had systems in place to ensure patients received care and treatment in a timely way and according to the urgency of need.
- Information about how to complain was available and easy to understand and evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

The service is rated as good for being well-led.

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## What people who use the service say

We looked at various sources of feedback received from patients about the same day health centre. Patient feedback was obtained by the provider on an ongoing basis and included in their contract monitoring reports.

Results from the provider's own survey carried out between January 2017 to March 2017 of 57 patients showed on average all were satisfied with their experience of the same day health centre and all those who responded said they would use the service again.

In addition the provider asked patients to complete 'I want great care' questionnaires and there had been 531 completed since November 2015 which were positive about the care provided.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 72 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the service offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

# Doncaster Same Day Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC lead inspector. The team included a GP specialist adviser and a paramedic specialist adviser.

## Background to Doncaster Same Day Health Centre

Doncaster Same Day Health Centre is located in Cavendish Court, South Parade, Doncaster, DN1 2DJ and provides a same day health centre service for 323,765 patients living in the Doncaster area. The service is provided by FCMS (NW) Limited who have three other locations registered with Care Quality Commission

The same day health centre is contracted by the local clinical commissioning group (CCG) to offer treatment, information and advice for a range of minor illnesses and injuries. Patients can ring the centre to make an appointment or be referred from the NHS 111 service. Patients may be seen by an advanced nurse practitioner, paramedic, nurse or a GP depending on their needs.

The service employs a head of urgent care, a service lead, operational supports, administrative and reception staff, advanced nurse practitioners, nurses, emergency care practitioners and healthcare assistants. Managerial and administrative staff worked across this service and the out-of-hours service which was co-located in the same building. GPs are employed on a sessional basis and bank or agency Emergency Care and Advanced Nurse practitioners are occasionally used.

The service is open seven days a week (including bank holidays) from 8am to 8pm. The average number of patients seen a week is 1,390.

The Emergency Care Practitioner (ECP) service is also based at the same day health centre. Patients were predominantly referred to this service by other health professionals to provide further advice, onward referral or ECP's could visit the patient at home. The system allowed ECP's to perform remote triage if they were away from the centre. The service was available 24 hours a day, every day of the year. The service is community-based and integrates with and supports existing community services.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We carried out an announced visit on 20 June 2017. During our visit we:

# Detailed findings

- Spoke with a range of staff including receptionists, healthcare assistants, nurses, GPs, emergency care practitioners, directors, the chief executive officer, head of urgent care, service lead, operational lead, operational supports, GPs, advanced nurse practitioners, ECPs, receptionists and spoke with patients who used the service.
- Observed how patients were provided with care and talked with carers and/or family members
- Inspected the premises, looked at cleanliness and the arrangements in place to manage the risks associated with healthcare related infections.
- Reviewed the arrangements for the safe storage and management of medicines and emergency medical equipment.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Please note that when referring to information throughout this report it relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the operational supports of any incidents and there was a recording form available on the computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation based on facts, an apology where appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- The service carried out a thorough analysis of the significant events and ensured that learning from them was disseminated to staff and embedded in policy and processes. Staff who did not attend the meeting and sessional staff were kept up to date through email briefings and could also log onto the incident reporting system to review the learning from incidents reported. For example, following a recent information technology incident the business continuity plan was reviewed and updated to ensure the contingency for loss of telephones and/or the computers could be implemented swiftly. The new procedure included a grab folder which contained a mobile phone, pens, paper templates and instructions for staff to follow. The findings from the investigation and updated procedure were shared with staff at the service meetings and via the reporting system which logged when staff accessed the information.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the service.

### Overview of safety systems and processes

The service had clearly defined and embedded systems, processes and services in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw that staff had developed further protocols to support the safeguarding policy. For example, following an incident where a child was taken from the centre before being seen by a clinician, staff developed a protocol to follow under such circumstances. The protocol included reviewing the patient's history, contact with other services and further guidance to follow; including when appropriate to share concerns with referral to other services.
- There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and clinical staff were trained to child safeguarding level three and all other staff trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A detailed self directed study pack had been developed by the training lead for staff to complete to keep them up to date with chaperoning requirements and to accompany the online learning module.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection prevention and control lead. There was an infection control protocol in place and staff had received up to date training. Weekly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a system in place to ensure equipment was maintained to an appropriate standard and in line with manufacturers' guidance. For example, annual servicing of blood pressure machines, including calibration where relevant. However we did find two tympanic

# Are services safe?

thermometers in the emergency care practitioner vehicles which were overdue calibration. The registered manager told us they would arrange for calibration following the inspection.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, appropriate indemnity and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to check whether agency, bank and sessional staff met requirements such as having current professional indemnity, registration with the appropriate professional body, DBS checks and were on the National Performers' list. (The National Performers' list provides a degree of reassurance that GPs are suitably qualified, have up to date training and have passed other relevant checks such as with the Disclosure and Barring Service).

## Medicines Management

- The arrangements for managing medicines at the service, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The service carried out regular antibiotic prescribing audits to ensure prescribing was in accordance with best practice guidelines. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- The service did not stock controlled drugs and there was a protocol for prescribers to follow when controlled drug prescriptions were requested to ensure they were only prescribed in appropriate situations.
- Patient Group Directions (PGDs) were used by nurses and paramedics to supply or administer medicines without a prescription. PGDs in use had been ratified in accordance with the Medicines and Healthcare products Regulatory Agency guidance.
- Processes were in place for checking medicines and medical gas cylinders were stored appropriately.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in areas accessible to all staff that identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella are bacteria which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The inspection team saw evidence that the rota system was effective in ensuring that there were enough staff on duty to meet expected demand.

## Arrangements to deal with emergencies and major incidents

The service had adequate arrangements in place to respond to emergencies and major incidents.

- There was an effective system to alert staff to any emergency.
- All staff received annual basic life support training, including use of an automated external defibrillator.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The service monitored that these guidelines were followed and reported actions taken to the clinical commissioning group.
- Healthcare assistants undertook baseline observations when patients arrived at the service had information relating to normal values and vital signs, which enabled them to easily escalate concerns to clinicians.

Patients could access the same day health centre by ringing the direct telephone number or by referral following contact from NHS 111. Telephone calls to the centre were answered by FCMS (NW) Limited staff at the Blackpool call centre. They used NHS Pathways guidance to assess the patient and recommend the most appropriate outcome. If clinically indicated the patient would be offered an appointment at the same day health centre and in those cases where the patient refused emergency treatment the GP would call them back. Any patients that arrived without a pre booked appointment would be asked a set of questions to rule out any life threatening conditions. In the absence of these symptoms they would be asked to ring the same day health centre telephone number in order to be appropriately assessed and offered the most appropriate advice or treatment.

Other health professionals, patient's or their carer's could refer to the emergency care practitioner (ECP) service. The service operated 24 hours a day, everyday and could be accessed via a direct telephone number. Call takers would record the patients' details and reason for the call and the ECP would then ring the patient or carer back. They would triage the patient and provide advice over the telephone as well as visit patients in their own home or residential setting, when indicated. For example, visiting patients in prison or a residential home.

### Management, monitoring and improving outcomes for people

Providers are required to report performance outcomes to the local clinical commissioning group. This includes audits, whether face to face assessments happened within the required timescales, seeking patient feedback and actions taken to improve quality. We reviewed the data for the same day health centre and the ECP service between April 2016 to March 2017 and found the following:

The number of telephone calls to the same day health centre was steadily increasing. The service answered 1,820 calls in May 2016 compared to 2,733 calls in April 2017.

Face-to-face consultations at the centre should be started within the following timescales, after the patient has been assessed by the call handling staff:

- Emergency: Within 1 hour.
- Urgent: Within 2 hours.
- Less urgent: Within 24 hours.
- The provider saw 66% of all emergency consultations within one hour in 2016/17 and 47% in 2015/16. The service standard was 95%. The number of patients booked into emergency appointments is small, meaning that the percentage of the target achieved is skewed by issues outside the provider's control and by recording errors. For example, in April 2017 there were 18 cases given a one hour priority of which 12 were completed within the time. The documented reasons for not being seen within time were the patient arrived late, the patient chose a later appointment and incorrect reporting.
- The provider saw 85% of all urgent consultations within two hours in 2016/17 and 78% in 2015/16. The service standard was 95%.
- The provider saw 99.6% of all less urgent consultations within four hours in 2016/17 and 99.8% in 2015/16.
- 99.93% of the documented consultations at the centre were shared with the patients own GP before 8am the following morning for the year 2016/17. The service standard was 95%.

There were 8,177 calls to the emergency care practitioner (ECP) service between May 2016 and April 2017 of which:

- 65% resulted in the ECP visiting the patient at home.
- 33% were assessed and provided with advice.

# Are services effective?

## (for example, treatment is effective)

- 2% were reported as 'other' outcome (which includes admission to hospital, GP advice or referral to other provider).
- 99.79% of documented cases were shared with the patients own GP before 8am the next morning.

There had been several clinical audits completed in the last two years. For example, there was evidence of quality improvement including clinical and documentation audits to make sure clinicians followed NICE guidelines for the prescribing of antibiotics. Staff monitored the number of antibacterial prescriptions per 1000 cases which was currently 18% for the period of April 2016 to March 2017.

In addition, call handling and clinical staff had their calls reviewed and documentation audits completed. This included permanent, sessional, bank and agency staff. The review checked the assessment process and if the clinician had taken the appropriate action and documented it appropriately. The frequency of the review increased for new staff members and where a concern was identified. The results of the reviews against specific criteria were used as a quality marker for each individual clinician. The results of this background monitoring were fed back to individual clinicians as part of their professional development, and if there were more serious concerns these were addressed in a meeting between the clinician and the manager. This system provided an oversight of the quality of work of each clinician, and acted as an early warning system if a clinician's performance changed, this then allowed for early support to be mobilised and issues addressed before they became more serious. We saw audits undertaken February 2017 met 98% compliance.

An online database system was a key mechanism to collate the information collected. We saw working examples of how the system was used to monitor performance and supervise clinicians. Staff were given individual feedback on their own performance and themes merged to promote learning for all staff. For example:

- Antibiotic prescribing – audits revealed that high levels of antibiotics were being prescribed by particular clinicians. This triggered an in depth audit in to antibiotic prescribing practices, especially from patient group directives. The audit showed that actually levels of prescribing were relative to the number of hours the

clinicians work had worked. Also, the audit showed that non-prescribers were actively seeking prescriptions for patients rather than using the patient group directives and issuing from stock.

- Notices were installed in the waiting areas and treatment rooms to advise patients on the providers policy for prescribing controlled drugs. Staff reported this reduced the number of requests for such medicines and the number of challenging situations reduced.
- Posters and notices reminded staff and patients of the costs associated with prescribing paracetamol which can be obtained over the counter in an effort to reduce the number prescribed.
- Reviews of other medicines prescribed had also been undertaken to ensure NICE guidance was being followed and appropriate medicines prescribed.

### Effective staffing

The service employed a head of urgent care, a service lead, operational supports, administrative and reception staff, advanced nurse practitioners, nurses, emergency care practitioners and healthcare assistants. Managerial and administrative staff worked across this service and the out-of-hours service which was co-located in the same building. GPs were employed on a sessional basis and bank or agency Emergency Care and Advanced Nurse practitioners were occasionally used.

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period. Sessional and bank staff provided annual evidence of their training and development and access to mandatory training courses would be offered if due.
- The service could demonstrate how they ensured role-specific training and updating for both permanent and sessional staff. For example, advanced nurse practitioners (ANP) and emergency care practitioners (ECP) who undertook roles were signed off as competent and had received appropriate training in clinical assessment. New healthcare assistants were

# Are services effective?

## (for example, treatment is effective)

also required to undertake the new care certificate introduced nationally to equip them with the skills and knowledge for their role. There was evidence that healthcare assistants had undertaken specific training for each aspect of their role and had been assessed as competent.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff at the centre were all offered the opportunity to attend supervision sessions with their supervisor every six to eight weeks. It provided the opportunity to discuss scenarios or de-brief following an event and to explore how it could be handled in the future. The sessions were described as "very supportive" and "enabled" staff to reflect on their practice and make suggestions for improvements.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and the intranet system.

- This included access to required 'special notes'/summary care record which detailed information provided by the person's GP. This helped the staff in understanding a person's need.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services.
- The provider worked collaboratively with the NHS 111 providers in their area by collaboratively reviewing referrals to the service.
- The provider worked collaboratively with other services. Patients who could be more appropriately seen by their registered GP or an emergency department were referred on. If patients needed specialist care, both services could refer to specialties within the hospital or community. Staff also described a positive relationship with the mental health team if they needed support during the out-of-hours period.

The service worked with other service providers to meet patients' needs and manage patients with complex needs. It sent patient notes to the patients own registered GP service electronically by 8am the next morning.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear clinical staff assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Brown paper bags were available in the toilets for patients to discreetly place specimen bottles in before handing to a member of staff.

All of the 72 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the service offered a great service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the provider's own survey carried out between January 2017 to March 2017 of 57 patients showed on average all were satisfied with their experience of the same day health centre and of all those who responded said they would use the service again.

In addition the provider asked patients to complete 'i want great care' questionnaires and there had been 531 completed since November 2015 which were positive about the care provided.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. The service provided facilities to help patients be involved in decisions about their care:

- Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Facilities were available for people with hearing impairments and some staff accessed the British Sign Language alphabet to communicate with patients.
- Spare pairs of different strength reading glasses were available on the reception counter for patients to borrow whilst in the centre.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with its commissioners to secure improvements to services where these were identified. Staff from the service integrated with other healthcare providers to develop partnership care planning for patients across the local health economy. For example, staff attended the Doncaster Clinical Commissioning Group medicines management committee meetings to review prescribing protocols and be involved in developing patient pathways.

- The same day health centre service provided triage and advice to patients via a direct telephone line. If clinically indicated they could be booked in for an appointment with a GP, an advanced nurse practitioner, nurse or healthcare assistant on the same day.
- Predominantly other health professionals referred patients to the emergency care practitioner (ECP) service. Patients or their carer's could also refer to the service. The service operated 24 hours a day, every day and could be accessed via a direct telephone number. Call takers would record the patients details and reason for the call and the ECP would then ring the patient or carer back. They would triage the patient and provided advice over the telephone as well visit patients in their own home or residential setting, when indicated. For example, visiting patients in prison or a residential home.
- Staff worked with other care providers to develop the end of life pathway and progress how patient wishes could be shared with those who may provide care to them across the local health economy.
- The provider was actively involved in the development of the falls pathway which included sharing information between the hospital and GP services so the patient could be referred to the falls service and monitored.
- There were accessible facilities, a hearing loop and interpretation services available.
- Staff at the same day health centre provided a wound dressing service at weekends for patients who would normally see their own practice nurse. Between April 2016 to March 2017, 1,814 wound dressings had been completed at the centre.

- The provider supported other services at times of increased pressure to ensure that patients were cared for in their own home as appropriate. For example, providing end of life care and supporting those in mental health crisis.

### Access to the service

The same day health centre service was open everyday between 8am to 8pm. Patients accessed the same day centre by ringing the direct telephone number or were referred electronically following contact with NHS 111. Staff followed a procedure for walk-in patients which included immediate assessment to rule out any emergency symptoms. Those patients with less urgent symptoms were then asked to ring the centre to be appropriately triaged and advice offered as to appropriate care options.

The ECP service had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was based on a telephone triage with the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need.

Feedback received from patients from the CQC comment cards and from the performance monitoring indicated that in most cases patients were seen in a timely way for both services. Patients we spoke with during the inspection told us 'they never waited that long' to be seen.

### Listening and learning from concerns and complaints

The service had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, staff were reminded of guidance to

# Are services responsive to people's needs?

(for example, to feedback?)

follow when prescribing antibiotics for certain conditions following receipt of a complaint. Learning from complaints was shared with permanent and sessional staff through staff meetings, emails and a quarterly staff bulletin.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The provider, FCMS (NW) Limited has three other locations registered with the CQC, including out-of-hours and urgent care centres. Managers at the same day health centre had access to locality and national support. Staff we spoke with were enthusiastic about working for the service and had a clear vision to deliver high quality care and promote good outcomes for patients.

There was a robust strategy and supporting business plans that reflected the vision and values. The company values were described in the following words 'fun, humble, go-getting, awesome, brave, oomph'. Staff used these words to describe the service and their every day work frequently during our conversations with them.

### Governance arrangements

The service had an overarching governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that there was a clear staffing structure and that staff were aware of their own roles and responsibilities. Service specific policies were implemented and were available to all staff.

The service had developed its governance systems to ensure that quality was systematically embedded across the organisation. The online database system was a key mechanism by which clinical practice and standards were reviewed, monitored and maintained in the same day health centre and ECP service. We saw working examples of how the system was used to monitor performance and supervise clinicians. Staff were given individual feedback on their own performance and themes merged to promote learning for all staff.

The provider had a good understanding of their performance which was discussed at senior management and board level. Performance and quality reports were shared with staff and the local clinical commissioning group quarterly as part of contract monitoring arrangements. There was a formal schedule of meetings to plan and review the running of the service. Representatives from all areas of the business contributed to the monthly executive meetings.

Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the organisation had another location registered with the CQC which worked very closely with this service which had also undergone inspections by the CQC. The leadership team had worked to ensure the issues noted on that inspection had been rectified at this location.

### Leadership and culture

The leadership for the organisation was from an executive board whose membership was made up from representatives from all areas of operation. National and local leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed. On the day of inspection the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people an explanation based on facts and an apology where appropriate, in compliance with the NHS England guidance on handling complaints.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included staff briefings through newsletters, and emails and opportunity to review the incident reporting outcomes within the incident reporting system. The provider had canvassed staff about their knowledge of incidents to improve how lessons learned were shared with staff.
- The service had a staff handbook. The staff team members who spoke with us had a good understanding of the values and culture of the service; we saw there

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

was a regular staff news bulletin and there were staff benefits and social events which promoted the inclusive culture of the organisation; the staff were also active as a team in fund raising for local charities. All of the staff had an e-mail address and this was used to send out regular communications and updates.

- Staff said they felt respected, valued and supported, particularly by the provider. Staff had the opportunity to contribute to the development of the service.

## Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The service had gathered feedback from patients through surveys and complaints received. For example, the monthly 'i want great care' survey. Following feedback from patients the provider had reviewed how they shared car parking arrangements with people visiting the centre.

The service had gathered feedback from staff through a weekly question posed to staff on a web based survey site.

The responses from the survey would then be reviewed by the leadership team for that service and responses provided in the staff bulletin. The provider also had a social media page for staff across the group to encourage networking and also keep each other informed of staff birthdays, social events and other activities.

Staff told us they felt supported, valued and recognised at work and received a confectionary gift and thank you card if they had 'gone the extra mile' during a shift. Staff had also been nominated for the local community unsung hero awards by colleagues and patients.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, by engaging in the local health and social care plan, being part of the falls pathway, supporting and developing the role of the ECP in the community.